

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>GMS Diner Corp.</u>		
2. All other names debtor used in the last 8 years	<u>DBA Six Brothers Diner</u> Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	<u>22-3596041</u>		
4. Debtor's address	Principal place of business <u>475 Route 46 East Little Falls, NJ 07424</u> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business <u>P.O. Box, Number, Street, City, State & ZIP Code</u>	
	Passaic County	Location of principal assets, if different from principal place of business <u>Number, Street, City, State & ZIP Code</u>	
5. Debtor's website (URL)	<u>https://www.sixbrothersdiner.net</u>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor

GMS Diner Corp.

Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**7225****8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- Chapter 7
 Chapter 9
 Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship	
District	When	Case number, if known

Debtor

GMS Diner Corp.

Name

Case number (*if known*) _____

Debtor

GMS Diner Corp.

Name

Case number (if known)

11. Why is the case filed in this district? Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)** It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other _____**Where is the property?**

Number, Street, City, State & ZIP Code

Is the property insured? No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds** Check one: Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor

GMS Diner Corp.

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 20, 2020
MM / DD / YYYY

X /s/ George Stylianou

Signature of authorized representative of debtor

George Stylianou

Printed name

Title President

18. Signature of attorney

X /s/ David H. Stein, Esq.

Signature of attorney for debtor

Date May 20, 2020

MM / DD / YYYY

David H. Stein, Esq.

Printed name

Wilentz, Goldman & Spitzer, P.A.

Firm name

**90 Woodbridge Center Drive
Suite 900, Box 10
Woodbridge, NJ 07095**

Number, Street, City, State & ZIP Code

Contact phone 732-636-8000

Email address dstein@wilentz.com

038461986 (NJ) NJ

Bar number and State

Fill in this information to identify the case:

Debtor name GMS Diner Corp.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 20, 2020

X /s/ George Stylianou

Signature of individual signing on behalf of debtor

George Stylianou

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	GMS Diner Corp.
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY
Case number (if known):	

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Air Extreme 201 Bloomfield Avenue Bloomfield, NJ 07003		Services				\$5,000.00
Air Gas 3101 Stafford Drive Charlotte, NC 28208		Services				\$5,000.00
Allen Linen 407 20th Avenue Paterson, NJ 07513		Goods and Services				\$4,000.00
Arabica Coffee Co. 496 River Drive Garfield, NJ 07026		Goods and Services				\$2,593.20
Bates Produce, Inc. 3 Ellsworth Avenue Morristown, NJ 07960		Goods and Services				\$9,000.00
Casabona Signs 37 Grove Street Passaic, NJ 07055		Goods and Services				\$15,000.00
Driscoll Dist. 174 Delawanna Avenue Clifton, NJ 07014		Goods and Services				\$97,227.47
Guard Insurance P.O. Box 785570 Philadelphia, PA 19177-8000						\$4,941.00
Hudson Energy 4 Executive Blvd. Suffern, NY 10901						\$55,039.78
Hudson Energy 4 Executive Blvd. Suffern, NY 10901						\$23,737.99

Debtor **GMS Diner Corp.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
IPFS Corp. 3522 Thomasville Road Tallahassee, FL 32309						\$38,592.00
Kli Soap P.O. Box 1228 Little Falls, NJ 07424		Goods and Services				\$5,000.00
Magnolia Beef c/o Carl Dallarda, Esq. 1100 Cornwall Road Monmouth Junction, NJ 08852	Magnolia Beef	Goods and Services				\$50,000.00
McCarter & English Four Gateway Center Newark, NJ 07102		Professional Services				\$79,476.23
Ocean Seafood 311 Adams Street Newark, NJ 07105						\$2,785.76
Passaic Valley Water and Sewage Commissi P.O. Box 11393 Newark, NJ 07101						\$4,185.20
Pechters Bread 840 Jersey Street Harrison, NJ 07029		Goods				\$2,788.06
PNC Bank 1260 McBride Avenue Woodland Park, NJ 07424						\$38,672.10
PSE&G P.O. Box 14444 New Brunswick, NJ 08906		Utility services				\$18,739.18
Waste Management P.O. Box 43470 Phoenix, AZ 85080		Services				\$5,000.00

Fill in this information to identify the case:

Debtor name **GMS Diner Corp.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **275,000.00**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **275,000.00**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **926,579.23**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **477,445.90**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **1,404,025.13**

Fill in this information to identify the case:

Debtor name **GMS Diner Corp.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **PNC Bank - overdrawn**

Operating Account

\$0.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

Debtor GMS Diner Corp.
Name _____

Case number (*If known*) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. **Office furniture
Chairs, tables and booths** Unknown Unknown

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

Debtor GMS Diner Corp. _____ Case number (*If known*) _____
 Name _____

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
POS system (value estimated) _____

Unknown **Recent cost** **\$25,000.00**

**Diner equipment (see 2018 Federal Income Tax
 Return being filed herewith, Federal Asset
 Report @ page 15, etc.)** _____

Unknown **Tax records** **\$100,000.00**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$125,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Lease of property located at 475 Route 46 East, Little Falls, NJ	Lease	Unknown		Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- No
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No
 Yes

Debtor GMS Diner Corp.
Name _____

Case number (*If known*) _____

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

Website: https://www.sixbrothersdiner.net Unknown \$0.00

62. Licenses, franchises, and royalties

State of New Jersey Liquor License
issued through Little Falls, NJ

No. 1605-33-015-007

Consumption License (estimated value) Unknown \$150,000.00

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$150,000.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Debtor	<u>GMS Diner Corp.</u> Name	Case number (<i>If known</i>) _____	
73.	Interests in insurance policies or annuities <u>Liability insurance with Merchants</u>	<u>Unknown</u>	
<hr/>		<hr/>	
	<u>Workers Compensation insurance with Hartford</u>	<u>Unknown</u>	
<hr/>		<hr/>	
74.	Causes of action against third parties (whether or not a lawsuit has been filed)		
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims		
76.	Trusts, equitable or future interests in property		
77.	Other property of any kind not already listed Examples: Season tickets, country club membership		
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	<table border="1"><tr><td style="text-align: right;"><u>\$0.00</u></td></tr></table>	<u>\$0.00</u>
<u>\$0.00</u>			
79.	Has any of the property listed in Part 11 been appraised by a professional within the last year?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor GMS Diner Corp.
Name _____

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$125,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$150,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$275,000.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$275,000.00

Fill in this information to identify the case:

Debtor name **GMS Diner Corp.**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	M&T Bank Creditor's Name One M&T Plaza Attention: Office of General Counsel Buffalo, NY 14203 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 9378 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets of Debtor Describe the lien UCC filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$44,790.91 Unknown
2.2	M&T Bank Creditor's Name One M&T Plaza Attention: Office of General Counsel Buffalo, NY 14203 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien All assets of Debtor Describe the lien UCC filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	\$81,788.32 Unknown

Debtor **GMS Diner Corp.** _____ Case number (if known) _____

Name _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.3	Mandelbaum & Krupnick, LLC	Describe debtor's property that is subject to a lien	\$800,000.00	Unknown
Creditor's Name	Stock pledge			
c/o Mandelbaum & Mandelbaum 80 Main Street Suite 510 West Orange, NJ 07052				
Creditor's mailing address	Describe the lien			
	UCC filing			
Creditor's email address, if known	Is the creditor an insider or related party?			
Date debt was incurred	<input checked="" type="checkbox"/> No			
Last 4 digits of account number	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:			
Check all that apply	Check all that apply			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent			
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$926,579.23**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Gross Truss & Herstik PC
Attn.: Neal Herstik, Esq.
63 W Main Street
Freehold, NJ 07728

Line 2.3

Fill in this information to identify the case:

Debtor name **GMS Diner Corp.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1	\$0.00	\$0.00
Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
Date or dates debt was incurred	<input type="checkbox"/> Contingent	
Last 4 digits of account number	<input type="checkbox"/> Unliquidated	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Disputed	
	Basis for the claim: Notice purposes only	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
2.2	\$0.00	\$0.00
Priority creditor's name and mailing address New Jersey Division of Taxation Compliance & Enf. - Bankruptcy Unit 50 Barrack Street, 9th Floor P.O. Box 245 Trenton, NJ 08695-0267	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
Date or dates debt was incurred	<input type="checkbox"/> Contingent	
Last 4 digits of account number	<input type="checkbox"/> Unliquidated	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Disputed	
	Basis for the claim: Notice purposes only	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor	GMS Diner Corp. Name		Case number (if known)																										
2.3	Priority creditor's name and mailing address State of NJ/Office of the Atty General Dept. of Law & Public Safety Div. of Alcoholic Beverage Control P.O. Box 087 Trenton, NJ 08625-0087 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00																										
2.4	Priority creditor's name and mailing address Township of Little Falls Municipal Building 225 Main Street Little Falls, NJ 07424 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00																										
Part 2: List All Creditors with NONPRIORITY Unsecured Claims <p>3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Nonpriority creditor's name and mailing address</th> <th style="width: 20%; text-align: right;">Amount of claim</th> </tr> </thead> <tbody> <tr> <td>Air Extreme 201 Bloomfield Avenue Bloomfield, NJ 07003</td> <td style="text-align: right;">\$5,000.00</td> </tr> <tr> <td>Date(s) debt was incurred _____</td> <td></td> </tr> <tr> <td>Last 4 digits of account number _____</td> <td></td> </tr> <tr> <td colspan="2">Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>Air Gas 3101 Stafford Drive Charlotte, NC 28208</td> <td style="text-align: right;">\$5,000.00</td> </tr> <tr> <td>Date(s) debt was incurred _____</td> <td></td> </tr> <tr> <td>Last 4 digits of account number <u>1636</u></td> <td></td> </tr> <tr> <td colspan="2">Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>Allen Linen 407 20th Avenue Paterson, NJ 07513</td> <td style="text-align: right;">\$4,000.00</td> </tr> <tr> <td>Date(s) debt was incurred _____</td> <td></td> </tr> <tr> <td>Last 4 digits of account number <u>0000</u></td> <td></td> </tr> <tr> <td colspan="2">Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </tbody> </table>				Nonpriority creditor's name and mailing address	Amount of claim	Air Extreme 201 Bloomfield Avenue Bloomfield, NJ 07003	\$5,000.00	Date(s) debt was incurred _____		Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Air Gas 3101 Stafford Drive Charlotte, NC 28208	\$5,000.00	Date(s) debt was incurred _____		Last 4 digits of account number <u>1636</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Allen Linen 407 20th Avenue Paterson, NJ 07513	\$4,000.00	Date(s) debt was incurred _____		Last 4 digits of account number <u>0000</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address	Amount of claim																												
Air Extreme 201 Bloomfield Avenue Bloomfield, NJ 07003	\$5,000.00																												
Date(s) debt was incurred _____																													
Last 4 digits of account number _____																													
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																													
Air Gas 3101 Stafford Drive Charlotte, NC 28208	\$5,000.00																												
Date(s) debt was incurred _____																													
Last 4 digits of account number <u>1636</u>																													
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																													
Allen Linen 407 20th Avenue Paterson, NJ 07513	\$4,000.00																												
Date(s) debt was incurred _____																													
Last 4 digits of account number <u>0000</u>																													
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																													

Debtor	GMS Diner Corp. Name	Case number (if known)	
3.4	Nonpriority creditor's name and mailing address Arabica Coffee Co. 496 River Drive Garfield, NJ 07026 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,593.20
3.5	Nonpriority creditor's name and mailing address Bates Produce, Inc. 3 Ellsworth Avenue Morristown, NJ 07960 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.6	Nonpriority creditor's name and mailing address Casabona Signs 37 Grove Street Passaic, NJ 07055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.7	Nonpriority creditor's name and mailing address Driscoll Dist. 174 Delawanna Avenue Clifton, NJ 07014 Date(s) debt was incurred _____ Last 4 digits of account number <u>ig01</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,227.47
3.8	Nonpriority creditor's name and mailing address Golden Malted 4101 William Richardson Drive South Bend, IN 46628 Date(s) debt was incurred _____ Last 4 digits of account number <u>NN6B</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.9	Nonpriority creditor's name and mailing address Guard Insurance P.O. Box 785570 Philadelphia, PA 19177-8000 Date(s) debt was incurred _____ Last 4 digits of account number <u>0939</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,941.00
3.10	Nonpriority creditor's name and mailing address Guard Insurance P.O. Box 785570 Philadelphia, PA 19177-8000 Date(s) debt was incurred _____ Last 4 digits of account number <u>3455</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$780.00

Debtor	GMS Diner Corp. Name	Case number (if known)	
3.11	Nonpriority creditor's name and mailing address H. Schrier Dist. Co., Inc. 4901 Glenwood Road Brooklyn, NY 11234 Date(s) debt was incurred _____ Last 4 digits of account number <u>9690</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,508.22
3.12	Nonpriority creditor's name and mailing address Hudson Energy 4 Executive Blvd. Suffern, NY 10901 Date(s) debt was incurred _____ Last 4 digits of account number <u>5969</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,039.78
3.13	Nonpriority creditor's name and mailing address Hudson Energy 4 Executive Blvd. Suffern, NY 10901 Date(s) debt was incurred _____ Last 4 digits of account number <u>5149</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,737.99
3.14	Nonpriority creditor's name and mailing address IPFS Corp. 3522 Thomasville Road Tallahassee, FL 32309 Date(s) debt was incurred _____ Last 4 digits of account number <u>0238</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,592.00
3.15	Nonpriority creditor's name and mailing address Kli Soap P.O. Box 1228 Little Falls, NJ 07424 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.16	Nonpriority creditor's name and mailing address M&B Septic P.O. Box 705 Butler, NJ 07405 Date(s) debt was incurred _____ Last 4 digits of account number <u>2321</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.17	Nonpriority creditor's name and mailing address M&T Bank One M&T Plaza Attention: Office of General Counsel Buffalo, NY 14203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Any deficiency on secured claim.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	GMS Diner Corp. Name	Case number (if known)
3.18	Nonpriority creditor's name and mailing address Magnolia Beef c/o Carl Dallarda, Esq. 1100 Cornwall Road Monmouth Junction, NJ 08852 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Mandelbaum & Krupnick, LLC 80 Main Street Suite 510 West Orange, NJ 07052 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address McCarter & English Four Gateway Center Newark, NJ 07102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address NJ Dept. of Environmental Protection Water Compliance & Enforcement Northern regional Office 7 Ridgedale Avenue Cedar Knolls, NJ 07927 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Non-compliance violation claim - sewers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Ocean Seafood 311 Adams Street Newark, NJ 07105 Date(s) debt was incurred _____ Last 4 digits of account number <u>5221</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address Optimum 1111 Stewart Avenue Bethpage, NY 11714 Date(s) debt was incurred _____ Last 4 digits of account number <u>8101</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address Passaic Valley Water and Sewage Commissi P.O. Box 11393 Newark, NJ 07101 Date(s) debt was incurred _____ Last 4 digits of account number <u>4974</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	GMS Diner Corp. Name	Case number (if known)	
3.25	Nonpriority creditor's name and mailing address Pechters Bread 840 Jersey Street Harrison, NJ 07029 Date(s) debt was incurred _____ Last 4 digits of account number <u>7182</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,788.06
3.26	Nonpriority creditor's name and mailing address PNC Bank 1260 McBride Avenue Woodland Park, NJ 07424 Date(s) debt was incurred _____ Last 4 digits of account number <u>7441</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,672.10
3.27	Nonpriority creditor's name and mailing address PSE&G P.O. Box 14444 New Brunswick, NJ 08906 Date(s) debt was incurred _____ Last 4 digits of account number <u>8009</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,739.18
3.28	Nonpriority creditor's name and mailing address PSE&G P.O. Box 14444 New Brunswick, NJ 08906 Date(s) debt was incurred _____ Last 4 digits of account number <u>9918</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,379.71
3.29	Nonpriority creditor's name and mailing address Waste Management P.O. Box 43470 Phoenix, AZ 85080 Date(s) debt was incurred _____ Last 4 digits of account number <u>3005</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	477,445.90
5c.	\$	477,445.90

Fill in this information to identify the case:

Debtor name **GMS Diner Corp.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Workers compensation insurance

State the term remaining

List the contract number of any government contract

Hartford

2.2. State what the contract or lease is for and the nature of the debtor's interest

Lease dated May 16, 1998 for commercial premises (dinner and adjacent parking) located at 475 Route 46 East, Little Falls, New Jersey; First Amendment dated November 12, 2015; and Second Amendment dated December 20, 2015. Seven (7) year lease with two 5 year options.

State the term remaining

January 31, 2027

**Mandelbaum & Krupnick, LLC
80 Main Street
Suite 510
West Orange, NJ 07052**

List the contract number of any government contract

2.3. State what the contract or lease is for and the nature of the debtor's interest

Liability insurance

State the term remaining

List the contract number of any government contract

Merchants

Fill in this information to identify the case:

Debtor name **GMS Diner Corp.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.2		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.3		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.4		Street _____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		

Fill in this information to identify the case:

Debtor name **GMS Diner Corp.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2020** to **Filing Date**

Operating a business

\$243,261.72

Other _____

For prior year:
From **1/01/2019** to **12/31/2019**

Operating a business

\$1,295,148.41

Other _____

For year before that:
From **1/01/2018** to **12/31/2018**

Operating a business

\$1,497,329.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **GMS Diner Corp.**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Driscoll Dist. 174 Delawanna Avenue Clifton, NJ 07014	February 2020 - \$29,715.98	\$29,715.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. PSE&G P.O. Box 14444 New Brunswick, NJ 08906	February 2020 - 9,195.27	\$9,195.27	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Mandelbaum & Krupnick, LLC v. GMS Diner d/b/a Six Brothers Diner dba Six Brothers Diner PAS-L-3516-18	Landlord/Tenant action for unpaid rent	Superior Court of New Jersey Passaic County - Law Division New Courthouse 77 Hamilton Street Paterson, NJ 07505	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor

GMS Diner Corp.

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
Business Loss claim due to DOT highway construction claim	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). None	Continuing	Unknown
Business Loss due to pandemic	None	Continuing	Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Wilentz, Goldman & Spitzer, P.A. 90 Woodbridge Center Drive Suite 900, Box 10 Woodbridge, NJ 07095			\$13,283.00

Email or website address
dstein@wilentz.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor

GMS Diner Corp.

Case number (if known) _____

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **GMS Diner Corp.****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.

Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor GMS Diner Corp.Case number (*if known*) _____

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. Comodromos Associates, P.A. 55 Paramus Road Attn: Andreas D. Comodromos, CPA Paramus, NJ 07652	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- None

Name and address	If any books of account and records are unavailable, explain why
26c.1. In possession of Debtor	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor GMS Diner Corp.

Case number (if known) _____

- No
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
George Stylianou	475 Route 46 East Little Falls, NJ 07424	President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor GMS Diner Corp.

Case number (*if known*) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 20, 2020

/s/ George Stylianou

Signature of individual signing on behalf of the debtor

George Stylianou

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

**United States Bankruptcy Court
District of New Jersey**

In re **GMS Diner Corp.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 13,283.00
Prior to the filing of this statement I have received	\$ 13,283.00
Balance Due	\$ 0.00

2. \$ **1,717.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 20, 2020

Date

/s/ David H. Stein, Esq.

David H. Stein, Esq.

Signature of Attorney

Wilentz, Goldman & Spitzer, P.A.

90 Woodbridge Center Drive

Suite 900, Box 10

Woodbridge, NJ 07095

732-636-8000 Fax: 732-855-6117

dstein@wilentz.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re **GMS Diner Corp.**

Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
George Stylianou 475 Route 46 East Little Falls, NJ 07424			100% of shares

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 20, 2020**

Signature /s/ George Stylianou
George Stylianou

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
District of New Jersey**

In re **GMS Diner Corp.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 20, 2020**

/s/ George Stylianou
George Stylianou/President
Signer>Title

Air Extreme
201 Bloomfield Avenue
Bloomfield, NJ 07003

Air Gas
3101 Stafford Drive
Charlotte, NC 28208

Allen Linen
407 20th Avenue
Paterson, NJ 07513

Arabica Coffee Co.
496 River Drive
Garfield, NJ 07026

Bates Produce, Inc.
3 Ellsworth Avenue
Morristown, NJ 07960

Casabona Signs
37 Grove Street
Passaic, NJ 07055

Driscoll Dist.
174 Delawanna Avenue
Clifton, NJ 07014

Golden Malted
4101 William Richardson Drive
South Bend, IN 46628

Gross Truss & Herstik PC
Attn.: Neal Herstik, Esq.
63 W Main Street
Freehold, NJ 07728

Guard Insurance
P.O. Box 785570
Philadelphia, PA 19177-8000

H. Schrier Dist. Co., Inc.
4901 Glenwood Road
Brooklyn, NY 11234

Hartford

Hudson Energy
4 Executive Blvd.
Suffern, NY 10901

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

IPFS Corp.
3522 Thomasville Road
Tallahassee, FL 32309

Kli Soap
P.O. Box 1228
Little Falls, NJ 07424

M&B Septic
P.O. Box 705
Butler, NJ 07405

M&T Bank
One M&T Plaza
Attention: Office of General Counsel
Buffalo, NY 14203

Magnolia Beef
c/o Carl Dallarda, Esq.
1100 Cornwall Road
Monmouth Junction, NJ 08852

Mandelbaum & Krupnick, LLC
c/o Mandelbaum & Mandelbaum
80 Main Street
Suite 510
West Orange, NJ 07052

Mandelbaum & Krupnick, LLC
80 Main Street
Suite 510
West Orange, NJ 07052

Mandelbaum & Krupnick, LLC
c/o Gross, Truss & Herstick, P.C.
63 West Main Street
P.O. Box 5008
Freehold, NJ 07728

McCarter & English
Four Gateway Center
Newark, NJ 07102

Merchants

New Jersey Division of Taxation
Compliance & Enf. - Bankruptcy Unit
50 Barrack Street, 9th Floor
P.O. Box 245
Trenton, NJ 08695-0267

NJ Dept. of Environmental Protection
Water Compliance & Enforcement
Northern regional Office
7 Ridgedale Avenue
Cedar Knolls, NJ 07927

Ocean Seafood
311 Adams Street
Newark, NJ 07105

Optimum
1111 Stewart Avenue
Bethpage, NY 11714

Passaic Valley Water and Sewage Commissi
P.O. Box 11393
Newark, NJ 07101

Pechters Bread
840 Jersey Street
Harrison, NJ 07029

PNC Bank
1260 McBride Avenue
Woodland Park, NJ 07424

PSE&G
P.O. Box 14444
New Brunswick, NJ 08906

State of NJ/Office of the Atty General
Dept. of Law & Public Safety
Div. of Alcoholic Beverage Control
P.O. Box 087
Trenton, NJ 08625-0087

Township of Little Falls
Municipal Building
225 Main Street
Little Falls, NJ 07424

Waste Management
P.O. Box 43470
Phoenix, AZ 85080

**United States Bankruptcy Court
District of New Jersey**

In re **GMS Diner Corp.**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for GMS Diner Corp. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [Check if applicable]

May 20, 2020

Date

/s/ David H. Stein, Esq.

David H. Stein, Esq.

Signature of Attorney or Litigant

Counsel for **GMS Diner Corp.**

Wilentz, Goldman & Spitzer, P.A.

90 Woodbridge Center Drive

Suite 900, Box 10

Woodbridge, NJ 07095

732-636-8000 Fax:732-855-6117

dstein@wilentz.com